157000033390

Eric C. Larson, P.A. (Requestor's Name)
243 West Park Ave
(Address) SHE 2D (Address)
Winter Park, FL 32780 (City/State/Zip/Phone #)
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07 APR 23 PH 1: 17 SECRETARY OF STATE TALL AHASSEE FLORID.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

03/28/2007		1.0	L07000033390			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the register Florida Department of S	red agent and t	he registered office add	itess as shown on	the records of	the	
•	Abdul R. Sim	njee				
•		Name				
	8220 S. Orang	ge Blossom Trail				
	Orlando, FL 3	Address		07 ALL		
-	Onando, FE 3	City, State and Zip				
. The name and address o	f the new regis	•	ce:	APR 23 CRETARY AHASSE	Chicago (ma)	
(Cassim Simje	e		E P	<u> </u>	
-	2000 8 0	Name		M 1: 17 F STATE FLORIDA	- COA)	
		e Blossom Trail address (P.O. Box NO	The agent while \		Target #P	
	THORIGING SCIENCE	address (F.O. DOX NO	* acceptante)	10		
9	Orlando	FL 32809				
		City, State and Zip	•			
f the limited liability components the character the character the business office of the ability company, it is here f the members of the limit of the operating agreement	inge or change he registered a by confirmed ted liability co	s are made, the Florida gent will be identical. (that the change(s) was/ moany or as otherwise	street address of Or, in the case of	the registered of Florida limit	office ted	
signature of a member or authorize	d representative of	a member)				
Cathim 5 Printed or typed name of signce)	imjee	·				
hereby accept the appoint omply with the provisions nd I am familiar with and hapter 508, F.S. Or if thi daress, I hereby confirm th	tment as regist of all statutes i accept the obli	ered agent and agree to relative to the proper a gations of my position	o act in this capa nd complete perfo os registered ave	city. I further or ormance of my ont as provided	agree to duties, for in	